

AUTHORIZATION FOR RELEASE OF INFORMATION

To: Any doctor, hospital, medical association, U. S. Armed Forces, Maritime Service, veterans administration, or:

Any academic dean, registrar, principal, and guidance counselor, other authorized person at a school (college, business, trade or high school) or:

Any past or present employer, credit bureau or retail merchants association, bank, financial institution or any other credit extending agency, or any other State or Federal agency.

I, \_\_\_\_\_, Address \_\_\_\_\_, have applied for employment with the Appomattox County Sheriff's Office. I am aware that my entire background is to be investigated. I hereby authorize and request the release of any and all information you have concerning me (including a transcript of any academic record) to the Appomattox County Sheriff's Office or its agent upon presentation of this release or copy hereof.

Selective Service Number, If Any: \_\_\_\_\_

Armed Forces Services or Serial Number, If Any: \_\_\_\_\_

Veterans Administration Claim Number, If Any: \_\_\_\_\_

Given under my hand this \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
Signature of Applicant

For Notary Public:

State of Virginia, County of Appomattox:

This day \_\_\_\_\_ personally appeared before me and acknowledged his/her signature to the above statement.

My commission expires on the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
Notary Public

## CRIMINAL RECORD REQUEST

Name: \_\_\_\_\_  
                    Last                    First                    Middle (Maiden, if applicable)

Social Security Number: \_\_\_\_\_ City and State of Birth: \_\_\_\_\_

Race: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Sex: \_\_\_\_\_

Business or Company in which this record check is for:

Name and Address of Company/Business: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
Signature of Applicant

## AFFIDAVIT FOR RELEASE OF INFORMATION

State of Virginia, County of Appomattox: to wit this day, \_\_\_\_\_,  
personally appeared before me in the County aforesaid, and under oath authorized this Office  
and/or the Central Criminal Records Exchange to release a copy of his/her records, if any,  
maintained in this office and/or the Exchange.

Subscribed and sworn to before me this \_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_.

My commission expires: \_\_\_\_\_, 20 \_\_\_\_.

\_\_\_\_\_  
Notary Public

NOTE: The affidavit portion of this form is not necessary when request is made by a criminal justice academy.